

**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31,**

**Domestic Property and Casualty Insurers,  
Reciprocal Insurance Exchanges**

**Must be attached to the tax return:**

- Check made payable to Nebraska Dept. of Insurance

**Mail tax return and check to:**

Nebraska Department of Insurance  
941 "O" Street, Suite 400  
Lincoln, NE 68508-3639

**COMPANY INFORMATION**

Nebraska Co. I.D. No.

Contact Person

NAIC No.

E-Mail Address

Federal Tax I.D. No.

Telephone

Company Name

Street Address

City

State

Zip Code

**TYPE OF INSURER (Select One):**

\_\_\_\_\_ **Property and Casualty Company**

\_\_\_\_\_ **Reciprocal Insurance Exchange**

**SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY**

State of \_\_\_\_\_ )

)ss

County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn on oath say that I am \_\_\_\_\_

of the \_\_\_\_\_ Insurance Company of the State of \_\_\_\_\_

and that the tax statement is correctly computed in accordance with the foregoing instructions.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

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**SECTION II - PREMIUM TAX****GROUP ACCIDENT AND HEALTH PREMIUMS**

1.	Gross direct premiums received on Nebraska business	.00
2.	Credit (group) premiums received on Nebraska business	.00
3.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
4.	Gross taxable premiums (Line 1 plus Line 2 and Line 3)	.00
5.	Dividends paid or credited to policyholders	.00
6.	Net taxable premiums (Line 4 minus Line 5)	.00
7.	Tax rate applicable	
8.	<b>Tax (Multiply Line 6 by Line 7)</b>	.00

**CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS**

9.	Gross direct premiums received on Nebraska business	.00
10.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
11.	Gross taxable premiums (Line 9 plus Line 10)	.00
12.	Dividends paid or credited to policyholders	.00
13.	Net taxable premiums (Line 11 minus Line 12)	.00
14.	Tax rate applicable	
15.	<b>Tax (Multiply Line 13 by Line 14)</b>	.00

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<b>ALL OTHER PREMIUMS</b>
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16.	Gross direct premiums received on Nebraska business	.00
17.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
18.	Gross taxable premiums (Line 16 plus Line 17)	.00
19.	Dividends paid or credited to policyholders	.00
20.	Net taxable premiums (Line 18 minus Line 19)	.00
21.	Tax rate applicable	
22.	Tax (Multiply Line 20 by Line 21)	.00
23.	<b>Total premium tax (Line 8, plus Line 15 and Line 22)</b>	.00
24.	Tax deductions: (See Instructions)	
	A. Guaranty fund assessments	.00
	B. Community development	.00
25.	Total tax deductions (Sum of Lines 24A and 24B)	.00
26.	<b>NET PREMIUM TAX (LINE 23 MINUS LINE 25, <u>IF LESS THAN ZERO, ENTER ZERO</u>)</b>	.00

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### SECTION III - FIRE INSURANCE TAX

A	B	C	D	E	F
Line of Business	Total Direct Premiums	Less Dividends	Net Direct Premiums	Percent of Fire	Fire Tax Premium
Fire					.00
Crop Hail					.00
Farmowners M.P.					.00
Homeowners M.P.					.00
Commercial M.P. (See Note 1 Below)					.00
Ocean Marine					.00
Inland Marine					.00
Auto Physical Damage					.00
Aircraft					.00
Other					.00
					.00
					.00
					.00
					.00

**Note 1: Line \_\_\_\_ from the Direct Business Page (non-liability portion)**

27.	Total taxable premium	.00
28.	Tax rate applicable	
29.	<b>Fire insurance tax (Multiply Line 27 by Line 28. <u>IF LESS THAN ZERO, ENTER ZERO</u>)</b>	.00

### SECTION IV – WORKERS’ COMPENSATION COURT CASH FUND TAX

30.	Gross Direct Premiums (Workers’ Compensation)	.00
31.	Tax rate applicable	
32.	<b>TAX (MULTIPLY LINE 30 BY LINE 31, <u>IF LESS THAN ZERO, ENTER ZERO</u>)</b>	.00

### SECTION V - FEES

33.	Renewal of Certificate of Authority	
34.	Filing Annual Statement	
35.	Insurance Fraud Fee	
36.	<b>Total fees (Sum of Line 33 through Line 35)</b>	

### SECTION VI – SUMMARY OF TAXES AND FEES

37.	Premium tax (Line 26)	.00
38.	Fire insurance tax (Line 29)	.00
39.	Workers' Compensation Court Cash Fund Tax (Line 32)	.00
40.	Fees (Line 36)	.00
41.	Total taxes and fees (Sum of Lines 37 through Line 40)	.00
42.	Prepayments (April 15, June 15, September 15; payments and applied credits)	.00
43.	Unapplied credit balance	.00
44.	Total prepayments and unapplied credits (Line 42 plus Line 43)	.00
45.	Balance due (If Line 41 is greater than Line 44, enter amount. Enclose payment of this amount).	.00
46.	Overpayment (If Line 44 is greater than Line 41, enter amount here)	.00
47.	Amount to be refunded	.00
48.	Amount to be credited to            prepayment	.00

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**CHECKLIST**

	<b>YES</b>	<b>NO</b>
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		

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